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Original Communications.

NERVOUS DISORDERS OCCURRING DURING VARIOLA.

By JAMES J. PUTNAM, M.D.

FROM reading the report of an interesting case of general paralysis consequent upon variola, reported by Dr. Goss in the JOURNAL for May 8th, I was induced (as I hope other physicians will also be, whose field of observation during the past epidemic has been larger) to report briefly another case of nervous disease occurring under somewhat similar conditions, although of a different nature from his.

James English, blacksmith by trade, was attacked on the 10th of December, 1872, with the usual symptoms of variola, which soon became so severe that he lay for several days without consciousness. On the eighth day of the attack, consciousness having begun to return, he noticed that his right shoulder felt heavy and unwieldy. At the same time he began to suffer from severe pains, generally deep-seated and of a dull aching character, which extended from the spine to the top of the right shoulder and down on to the upper part of the arm. After three or four days, the pain began to abate and gradually disappeared. On first leaving his bed, in the fifth week of the disease, the patient found himself unable to raise the right arm above the shoulder, and, in short, with complete paralysis of the right serratus magnus, or, properly speaking, of the posterior thoracic nerve, and in this condition he came, four weeks later, under my observation in the Out-Patient Department of the Massachusetts General Hospital. At this time, the posterior thoracic nerve which supplies the serratus had lost its power of responding to faradization, and the rhomboid muscles of the same side and the lower part of the trapezius responded less readily than those of the opposite side. The fact that so few muscles were affected even at the outset, together with the fact that the electrical excitability of the nerve had disappeared, rendered it certain that the thoracicus posterior had been so injured somewhere in its course as to cause its peripheral extremity to undergo degeneration; and that, since the rhomboids were somewhat affected, it seemed probable that the seat of the lesion was at the level of the scalenus medius which the two affected nerves perforate in company, both of them being formed, one wholly, and the other in part, by fibres from the fifth dorsal nerve. No other nervous disturbance was to be found. The patient was treated for two months with large doses of strychnine, given by the mouth, and with galvanization of the affected nerves and muscles, but, except that he learned to use his arm more skilfully, he became no better.

Reports of nervous disorders after variola as also after the other exanthemata are occasionally met with in literature, though but little light has been thrown until recently upon their pathological anatomy.

Eulenburg* refers to a number of cases reported by Gubler, Freind, Leroy d'Etiolles, Contone, Reynand, Pidoux. The lower extremities were generally attacked alone; sometimes, however, the soft palate, the bladder, the rectum, also. The paraplegia was generally accompanied by anæsthesia, sometimes in the beginning by hyperæsthesia. There was opportunity for but two autopsies which gave negative results. Most of the cases ended in complete or partial recovery after two to six months. Eulenburg had himself observed a case of partial paralysis of the left facial and both median nerves in which the electrical reaction was but little changed, and the course of the disease was favorable.

Rosenthal† of Vienna, reports a case where variola was followed in six months by progressive muscular atrophy.

An epidemic occurring in Berlin during the winter of 1870–71, gave opportunity to Prof. Westphal of observing a number of cases of great interest.‡ Two of these *(both light as far as the variola was concerned)*, in which there was almost complete paraplegia appearing on the third and eighth day, respectively, ended fatally; one from perityphlitis, the other from cystitis with decubitus; and the autopsy showed in both diffused myelitis, spots of softening of the size of a pin's head being scattered irregularly throughout the spinal cord. Five of these cases as well as a similar one reported by Pforzheim,§ were characterized by:

1. Ataxia and tremor in all four extremities and the muscles of the face, present only during the performance of some act requiring voluntary coördination.
2. Slowness and awkwardness in movements.
3. Involuntary repetition of single movements, especially those of the fingers.
4. Slow, monotonous, explosive manner of speaking, with faulty articulation and without modulation of the voice.
5. Mental depression.
6. Temporary congestions in different parts of the body, especially the head.

In short much the same set of symptoms as characterize disseminated sclerosis of the brain and cord.

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* Functionelle Nervenkrankheiten. Berlin. 1871.

† Nervenkrankheiten. Erlangen. 1870.

‡ Berliner Klinischer Wochenschrift, Nov. 18, 1872.

§ Schmidt's Jahrbücher. No. 1. 1873.

Westphal suggested that in these cases there had been diffused myelitis, which had in fact finally resulted in sclerosis; and his idea was strengthened by the results of an autopsy made by Erbstein in a similar case occurring after an attack of typhoid.

Breganze* reports a case of aphonia coming on during variola in the height of the fever, but yielding finally like hysterical aphonia to a single application of electricity, leaving, however, a degree of stuttering behind. He considered the cause to be cerebral atony, due to exhaustion from the disease.

In this connection a case may be mentioned† where a patient became suddenly comatose after an attack of measles, and remained, after the coma had passed away, with loss of coördinating power in all four limbs, such as has been referred to above.

Two cases were observed by Dr. Hitzig during the epidemic in Berlin, which closely resemble the one which I reported at the outset. In one of them, there was severe neuralgia with partial motor paralysis in the parts supplied by the nerves of the brachial plexus on both sides; in the other, neuralgia of the arm and shoulder, with paralysis of the deltoid alone, on one side only. Where the paralysis is thus circumscribed, the opinion seems to be that hæmorrhage has occurred among the fibres of a nerve trunk, as has sometimes been found after typhoid, and the diffused myelitis may have a similar origin, although it is noticeable that the cases in which these paralyses occur, are not necessarily of a severe or a hæmorrhagic form. In both of Hitzig's cases, the paralysis came on very early in the disease, and was certainly not due to exhaustion.

A writer in the *Arch. de Physiologie Normale et Pathologique* (January, 1873) remarks, in referring to Westphal's cases and reporting an analogous one, that he had examined the spinal cord in a great many ordinary cases of variola, but had never noticed anything abnormal.

INTERNATIONAL MEDICAL CONGRESS.—The third annual session of the International Medical Congress will be held the present year at Vienna, during the Exposition. The Congress will convene, under the patronage of the Archduke Rainer, upon the 2d of September, and the session will last until the 10th. Meetings will take place each day (Sundays excepted), from 9, A.M., till 1, P.M. Upon the first and last day of the session, Prof. Rokitansky, being president of the executive committee, will preside. For the other days, the presiding officers will be chosen by ballot. The other members of the executive committee are Professors Sigmund, Hebra, Benedikt and Schutzler.

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* Allgem. Med. Central-Zeitung. Dec. 7, 1872.

† v. Centralblatt for Feb. 15, 1873.

Progress in Medicine.

ON DISEASES OF CHILDREN.

By D. H. Hayden, M.D.

On the Fermentative Action of the Secretion of the Pancreas and of the Parotid Gland of Infants and New-borns upon Starch. Korowin, of St. Petersburgh. *Centralbl. f. d. Med. Wissensch.*, No. 17, 1872.

On the Secretion of Saliva and its Fermentative Property in New-born Infants. Korowin. *Centralbl. f. d. Med. Wissensch.*, No. 20, 1873.

In the first article, the author gives the results of experiments recently made with infusions of the pancreas and of the parotid gland taken from infants who had died of various causes, principally of intestinal and of thoracic diseases. These experiments were conducted all in the same manner, and, when possible, a quantitative anylasis of the glucose was made. The following are the conclusions arrived at:—

Infusions of the pancreas of infants only a few months old have absolutely no glycogenic action upon starch, this becoming first demonstrable at two months of age, and then only in a very slight degree; but, at the end of the third month, it is so great that in some cases the amount of sugar could be determined quantitatively. The fermentative action increases with age, and, at the end of the first year, is at its height.

The infusions of the parotid gland, on the contrary, convert starch into sugar in the very first days of life, and the amount can be quantitatively determined. The larger the size of the child the more powerful is the action.

In the second article, the author gives the results of experiments with the saliva of infants and new-borns as to its action upon starch. To obtain the saliva, small lightly pressed pieces of soft sponge were used, the infants being allowed to suck them, and the saliva, thus accumulated, squeezed out; by a frequent repetition of this process, a sufficient quantity for all purposes was obtained. The collection of saliva in this way is possible a very few minutes after birth, but during the first month, especially during the first two weeks, great difficulty is experienced and very persevering efforts required. The largest amount obtained at this early age did not exceed a centimetre, requiring from fifteen to thirty minutes in the operation; sometimes only a few drops were obtained, but such unfavorable cases were very rare except in the first ten to fourteen days of infant life. After the first month, especially after the first month and a half. the secretion of saliva begins to increase very largely in amount, and its collection becomes very easy; in the fourth month, it is so large that in the course of five or ten minutes from one to one and a-half centimetres are collected with ease. At this age, sometimes later, the saliva begins to flow out of the corners of the mouth. With the saliva collected from seventeen new-borns from one to ten days old, the author was able to demonstrate in each case, the conversion of starch into sugar. The number of infants up to eleven months of age comprised twenty-five, several of whom were under the author's continued observation for from five to six months. In all cases, where possible, quantitative analyses of the sugar were made. The number of experiments up to the present time is so small that the author regards his conclusions as more theoretic than demonstrated, but as a result of his investigations, it is shown that the saliva of an infant, immediately after birth, possesses the power of converting starch into sugar, this property increasing as the child grows older. The quantitative analysis shows a very great difference of degree in this fermentative property of saliva in the different months of infant life; at eleven months it reaches its height, and some at this age, compared with an equal quantity of his own, was found to contain the same amount of sugar.

Constipation in Children. A. Monti. *Schmidt's Jahrbuch.* No. 10. Dec. 1872. *Wiener Med. Presse,* xiii., 26-28, 1872.

The causes of constipation, a complaint so frequent in infancy, the author finds in the want of development of the muscular coat of the intestines, in the peculiarity of infants' food and of their mode of life, and also in the length of the colon descendens, especially of the flexura sigmoidea. The fæces lose their pulpy consistence, and defecation, which should normally take place without any great effort, becomes difficult and is accompanied by colicky pains; the latter come on sometimes only at the time of dejection, at other times periodically and independent of it; in the latter case, there is always meteorismus, which in its turn leads to the symptoms of dyspepsia. Attacks of colic may give rise to convulsions, especially in children affected with chronic hydrocephalus, microcephalus, craniotabes, rhachitis or anæmia. As a result of straining, atomy and paralysis of the bowels follow. Constipation, both accidental and habitual, is often accompanied by dysuria. The author places the causes of constipation under the following heads:—

I. Mechanical obstructions; *(a)* congenital malformations of the intestine; *imperforatio* or *stenosis recti congenita, partialis et totalis;* retention of the meconium with secondary symptoms of ileus; *(b)* acquired; strangulation of a hernia, invagination of a portion of the intestine, fissura ani, atresia ani and partial stricture of the rectum (cicatrices dysenteriæ).

II. Want of nourishment in cases of congenital malformation of the lips or of the pharynx, when the mother's nipples are bad, or the secretion of milk too little, or the infant of too weak vitality to draw out the milk. In these cases the infant, in addition to constipation, secretes but a small amount of urine.

III. Improper nourishment; too much casein or too little fatty constituents in the milk; placing the infant too often to the breast; when brought up artificially, improper constitution of the food or insufficient quantity, either the result of the composition of the milk or too early use of starchy substances.

IV. Absence or diminution of the peristaltic movements of the intestines; atrophy of the bowels, with meteorismus in rhachitis, or after diarrhœa of long duration.

V. Diminution of the intestinal secretion, after long continued sickness, the result of anæmia.

VI. Symptoms of cerebral or of spinal disease.

VII. Result of want of supply of fluids, use of astringents, presence of ascarides, kernels of fruit, &c.; and, finally,

VIII. In large children, want of exercise.

The treatment depends upon the cause. The important point is to prevent a return of the constipation after the bowels have been freed of the accumulated fæces. To effect the latter, the author recommends infus. sennæ (7.5 grammes ad aquæ fervid. 50 grammes, a tablespoonful every hour until operation), or still surer, hydromel infantum and rhubarb, syrupus spinæ cervinæ, or syrupus rhamris catharticæ. Enemata are necessary only when quick action is desired. Suppositories in cases of habitual constipation are never necessary. The causal treatment is determined upon in accordance with the above scheme. When there is a want of peristaltic action of the intestines, the author recommends cod liver oil and an enema of cold water at the same hour every day. With older children, after long continued disease of the bowels, there is an indication for marienbad, franzensbad or friederichshaller water; in anæmia, glerchenberger, or klausner spring water, for children under two years, thirty, for older ones sixty to one hundred grammes daily on an empty stomach.

Treatment of Croup. LEOPACHER. *Baier. ärtzl. Intell.-Bl.* 1872. No. 40; *Centralbl. f. d. Med. Wissensch.* Nov. 23d, 1872. No. 50.

Critical Remarks upon the various Methods of treating Diphtheria. LUDWIG LETZERICH. *Berlin. Klin. Wochenschr.* No. 26, 1873.

Leopacher reports two cases of laryngeal croup (diphtheria) which ran a favorable course under the use of bromine-inhalations as recommended by Schütz (Cbl. 1872, 429). With the exception of exciting a severe coughing spell there were no bad after results. The croup membrane expelled in one of the cases was tested as to its solubility in lime-water, chlorine-water, Schütz's solution of bromine, simple bromine-water, solution of chloride of lime (not very concentrated) and bromine vapor. Lime-water worked the most rapidly, next chlorine-water, and then Schütz's solution. That the former is so void of results in practice, the author explains by the lime becoming immediately saturated with carbonic acid. The bromine seems to act upon the connective tissue between the mucous membrane and exudation, and not as a solvent of the latter.

Letzerich in his "critical remarks upon the various methods of treatment of diphtheria," says that, of the various remedies that have of late been recommended for this disease, none of them have accomplished much in the way of results. Of late years, remedies have been particularly brought into prominence, that exercise a greater or less solvent power upon the diphtheritic exudation, the most various substances having been tested in this way. Substances also have been employed, which have the property of destroying parasites, at the head of these standing carbolic acid. With all these remedies, it was sought to produce a chemical change in the diphtheritic membrane, and also, if possible, to destroy any parasites existing therein or penetrating into the mucous membrane and circulation. The so-to-speak solvent remedies are employed in such dilute solutions, and exercise such a momentary action, that, according to the author, they can never be regarded as the principal agents in the treatment of diphtheria, though they are in some cases recommendable as valuable auxiliaries. In cases not severe, where the exudation is of creamy consistence, applications, with a brush, of lime water, solution of bromide of potassium and bromine, carbolic acid, or the insufflation of flor. sulph. are useful; in many other cases this method of treatment is of no avail.

According to the author, the important object in the treatment is the mechanical removal of the exudation, by means of small sponges; and when this does not succeed, he employs the index finger of the right or left hand, covered with a piece of linen cloth and soaked in a strong solution of alum, afterwards painting over the surface of the ulcer with a solution of argenti nitras, 1.0—1.5 grammes ad aquæ destillat. 15—20 grammes. In the intervals, the author recommends lime water, solutions of bromine and bromide of potassium, or carbolic acid to be applied with a brush or used as a gargle. With this method, he has had the most brilliant results, having thus treated two hundred and thirty-four cases, of which only fourteen (5.97 p. ct.) died. The most scrupulous cleanliness and disinfection of the patient's clothing, bedding and chamber are to be insisted upon.

On the Treatment of Whooping Cough with Inhalations of Gazeol. Dr. ALOIS MONTI, Instructor in the University of Vienna.—*Jahrb. f. Kinderheilkunde.*

Fluid Extract of Castanea Vesca in Whooping Cough. THOMAS D. DAVIS, M.D., Dayton, Ohio.—*Philadelphia Med. Times,* 111, 61. *Schmidt's Jahrb.,* No. 2, 1873. *Allg. Med. Central Zeitung,* No. 46, 1873.

The Treatment of Whooping Cough with Quinine. B. F. DAWSON, M.D. *American Journal of Obstetrics and Diseases of Women and Children,* February, 1873.

There exists a great difference of opinion amongst medical men as to the value of inhalations of gases developed in the purifying chambers of gas-works, in the treatment of whooping cough, as recommended by Diday and Commenge. Burin de Buisson attributes this difference of opinion to the want of similarity in the gases thus employed, he having found by examination that not only do these gases differ in different gas-works but that also they are not the same at all times of the day in the same works. For this reason and owing to the fact that some of the gases are injurious, he was led to compound a mixture of volatile fluids which he called gazeol. The original recipe reads:

Aq. ammon. impur., one kilo-gramme.
Acetone, ten grammes.
Naphthaline (brown impure), one tenth of a gramme.
Benzole, ten grammes.
Tar, one hundred grammes.

Monti made experiments with this preparation in fourteen cases. Two to four tablespoonsful of the fluid placed in a small cup were slowly evaporated over a water bath. The inhalations were made in a small room where the children remained for one hour, three times a day, at 9 A.M., 2 P.M. and 5 P.M.

The result of this treatment is represented in a tabular form, and the author draws the following conclusions:

1. The inhalation of gazeol is in no ways a specific against whooping cough.

2. Employed at the commencement it is powerless to stop the disease. In eight of the cases the disease ran its course in spite of the inhalations.

3. The gazeol-inhalations are unable to mitigate the severity of the disease. In the eight fresh cases reported, the disease increased steadily in intensity for the first two or three weeks.

4. They in no way shorten the duration of the disease, in all the reported cases the pertussis lasting from six to eight weeks.

5. In old cases the treatment is equally fruitless.

6. In those cases complicated with severe bronchitis, pneumonia developed itself with fatal result. Without drawing any conclusions from this coëxistence of the two diseases which may have been accidental, this circumstance seems to call for great caution, and in such cases (as is well known with regard to remaining in gas-works) the employment of gazeol-inhalations should be stopped.

In an epidemic of whooping cough in the Children's Asylum, Philadelphia, Dr. Thomas D. Davis, at the suggestion of Dr. T. S. Parry, made a trial of the fluid extract of castanea vesca with a large number of children varying from four to seven years of age. The author gives in tabular form the results in fifteen cases thus treated, the severest placed at the top. The number of paroxysms during each day of treatment is noted in such a way that under A is seen the number when treated with belladonna, under B when the expectant treatment was adopted, and under C when the fluid extract of castanea was used :

No. of the Case.	*A*	*B*		*C*				
1	16	20	27	19	11	9	5	2
2	14	24	24	20	9	4	4	2
3	13	13	17	12	5	4	1	1
4	12	16	20	10	6	3	2	0
5	12	18	18	7	4	5	2	1
6	12	15	20	9	5	3	1	2
7	11	11	18	6	4	2	1	0
8	10	9	12	7	2	0	1	0
9	9	12	13	5	4	2	1	0
10	7	9	10	2	2	2	0	0
11	7	8	15	4	3	1	0	0
12	5	6	10	3	1	1	0	0
13	5	7	6	2	0	0	0	0
14	3	4	4	3	1	0	0	0
15	2	4	5	4	2	0	0	0

The extract is prepared from the leaves of the castanea vesca (cupulifer). The bark of the castanea pumila was at one time officinal in the United States.

The first to recommend this remedy in whooping cough, was George C. Close *(Amer. Pharm. Journal,* 1863*)*, an infusion sweetened with sugar being employed. Then followed in 1867, J. Unzicker *(Cincinnati Med. and Surgical Reporter,* 1867*)*. After him, J. Ludlow *(Cincinnati Lancet and Observer,* March, 1869*)*, and still later, Dr. A. S. Gerhard, in Philadelphia. John Maisch *(American Journal of Pharmacy,* Dec., 1871*)* prepared the extract from leaves collected from July to October. Of the latter, dried and powdered, four hundred and eighty grammes are taken, and with one hundred and fifty grammes of glycerine, two hundred and forty grammes of sugar, and a sufficient quantity of water, a decoction made which is then boiled down to four hundred and eighty grammes. Of this the dose for a child six years old, is from one quarter to one teaspoonful every three or four hours. The author declares the remedy to be an antispasmodic expectorant, of agreeable taste, and willingly taken by children. Although in the severe cases this treatment was not commenced until the disease had reached its height, the decrease in the number of paroxysms was so striking, and took place so immediately after the use of this remedy, that it cannot be denied that the castanea treatment was instrumental in producing the beneficial result. The author rightly says, however, that in a disease, the course and duration of which is so much influenced by outward circumstances, one can form a true judgment of the effect of a remedy only after very numerous observations upon patients placed under similar circumstances in every respect.

Dr. B. F. Dawson gives the results of his experience with large doses of quinine in the treatment of whooping cough. Sixteen cases were thus treated; the records of six are given in full, the remaining ten presenting similar histories. The shortest cure was effected in one day and the longest in twelve days. In but two cases was he disappointed in the efficacy of quinine, and the failure in these he attributes to the negligence of those in charge of them, one being a little girl in the care of her father, and the other a farmed out infant of twelve months. In both these cases, however, there was some palliation of the paroxysms. Though frequently there was some difficulty in getting the children to take so disagreeable a remedy, it was exceptional for them to resist after the first two or three doses, and in only a very few did it cause vomiting. The direction to give the children a piece of an orange or a little sugar, five or six minutes after taking the quinine, doubtless had considerable to do with their seeming willingness to take the "bitter medicine." Dr. Dawson, accepting the fungus theory of Dr. Letzerich as the true explanation of the cause of pertussis, attributes the efficacy of quinine to its well known destructive influence on fungoid development and consequently to its power of removing the cause of local irritation which gives rise to the reflex phenomena evinced in the whooping.

The author, however, regards as another factor in producing the rapid cure the nauseating bitter taste. In every case of pertussis there is an abnormal secretion of a thick tenacious mucus from the mucous membrane of the pharynx (whether due to simple, catarrhal or reflex hyperæmia or to fungoid development, matters not) which may or may not excite a paroxysm of whooping, but which certainly aggravates and prolongs the latter, as may be proved by the fact that the paroxysms invariably cease the moment this mucus is removed, either by coughing, by vomiting or by the finger. The effect of a small amount of a solution of quinine, when taken into the mouth and swallowed, is instantly, from its bitter and nauseating taste, to excite a free secretion of thin mucus from the buccal mucous membrane and the salivary glands, and this softens and renders easy of dislodgment the tenacious mucus referred to. The frequent repetition of the quinine keeps up this free secretion, and thus prevents the mucus from becoming tenacious and difficult of dislodgement. At each act of coughing, therefore, the accumulated mucus is readily loosened and expectorated, and unobstructed inspiration is obtained. The rapid loosening of the cough, the briefness of the attacks in comparison with those previous to the administration of the quinine, and the easy expectoration certainly tend to favor the correctness of the above theory.

The author was induced to test the value of this new remedy for whooping cough, after having read a paper on "The use of Quinine in the Diseases of Children," by Professor Binz, of the University of Bonn, Germany, contributed by him to the above journal (Vol. iii., No. 1, May, 1870). The following rules are given as essential for success in this treatment of pertussis:

1. Give the quinine (sulphate or hydrochlorate), dissolved by acid in pure water only. For children under three years, from five to eight grains, and for older children and adults, from ten to twelve grains to the ounce.
2. Give not less than one teaspoonful every single, or at the longest, every two hours during the day, and whenever cough comes on in the night.
3. Give nothing afterwards for some minutes to destroy the taste or to wash out the mouth.
4. Continue giving it notwithstanding the first doses may be vomited.
5. Be sure that the quinine is pure and thoroughly dissolved.

On Vomiting of Habit. HENRY M. TUCKWELL, M.D., F. R. C. P. Physician to the Radcliffe Infirmary, Oxford.—*Medical Times and Gazette.*

The class of cases to which attention is here drawn would ordinarily be grouped under the head of hysterical vomiting, but this term is discarded by the author as inappropriate, because, in the first place, this particular kind of vomiting is met with in boys; secondly, it occurs in girls before the age of menstruation; thirdly, it yields to the same kind of treatment in both cases alike. Although in certain instances it may at the outset originate in some really morbid condition of the stomach or liver, yet it is afterwards perpetuated simply by force of habit, long after the exciting cause has gone and left no traces; while at other times it seems to begin without any assignable cause and to be continued as a habit for months or even years. The subjects of this bad habit are as a rule young; of either sex; of what is called a nervous temperament; quick and clever, but irresolute; often descended from parents in whom some neurosis or some imperfection in mental capacity has already manifested itself. Their condition is on the border-land of that of the adult malingerer, differing, however, in this respect, that they are sometimes reduced by the habit to a serious state of weakness and ill health, and that the vomiting from long continuance becomes rather an automatic than a voluntary act.

Their mental status has been well described by Dr. West in his interesting chapter on "mental peculiarities in childhood," in which will be found some instructive illustrations of this quasi-malingering in children. They go through their performances in various ways. One child will find it necessary, directly after food has been taken, to run to the water-closet, when the surroundings seem at once to give the stomach the necessary hint. To another, the mere sight of a basin after meals is sufficient to excite the act. A third, too weak to get out of bed, will raise himself into a particular posture and begin to vomit whatever food has been taken. The stomach has no time given it for discharging its proper functions, but the food is brought up as soon as it is swallowed. There is also no indication of pain or even of the discomfort which ordinarily precedes the sickness of a diseased stomach, while the regularity with which the act takes place after food, together with the absence of all cerebral symptoms, enables one to distinguish this kind of vomiting from the irregular vomiting of cerebral disease. In the treatment of these cases all medicines fail; even the carefully restricted diet which would be advantageous in chronic vomiting from diseased stomach proves quite unavailing. Small spoonsful of milk and lime water, which would be retained by a person with ulcer or cancer of the stomach, are no sooner taken than they are rejected.

The first thing to be done is to separate the child from its parents, and to give a fresh coloring to its daily impressions by means of new faces and new influences. Next, the child must be watched, and notice strictly taken of the way in which it sets about vomiting, so that one may be enabled, with the help of a kind and firm nurse, to suddenly interrupt the usual performance and so break in upon the habit. The author reports several cases, when a genuine cure was effected in this way, after weeks or months of medical treatment had failed, and where even the discipline of a hospital and the most rigorous diet had been unable to break the spell.

Convulsions in a new-born child, caused by milk of a wet-nurse abusing alcoholic drinks. C. E. Brown-Sequard, M.D. New York. *Archives of Scientific and Practical Medicine.*

This is the history of an important case. A child was born at the eighth month of gestation. It was fed with a bottle first, then by a wet-nurse. During the first month, it gained but little in size; under the suckling with the nurse, it increased considerably in size and weight; at this time it was noticed that the child had become hyperæsthetic, and then had convulsions, very severe and very frequent. No cause could be assigned to this affection, which baffled treatment, until, on further inquiry, it was found that the wet-nurse was in the habit of indulging in drinks of a wine very rich in alcohol. From the time the wine was cut off, the child, after a week, was completely cured, as the convulsions kept decreasing both in number and severity every day up to the seventh, when it was allowed to suckle again, as it was supposed that after this lapse of time, alcohol must have been thoroughly eliminated from the organism of the wet-nurse.—*Lyon Médical*, 24th Nov., 1872.

Communication of Aphthæ Epizooticæ to Human Beings.—This malady has prevailed extensively among the animals in the canton of *Fribourg*, and in two instances have come under the observation of Dr. Clerc in which it was communicated to human beings. In one of these cases, a young girl presented symptoms of coryza and aphthous stomatitis, while the terminal phalanges of both hands and feet were swollen. A suppurative process was, moreover, established around the nails, causing considerable suffering for a number of weeks.—*Revue Scientifique.*

Reports of Medical Societies.

THE AMERICAN OTOLOGICAL SOCIETY. J. ORNE GREEN, M.D., SEC'Y.

The sixth annual meeting of the Society was held at Rice's Rooms, Newport, R. I., on July 16th, 1873, at 10 1-2 o'clock, A.M., the President, Dr. Henry D. Noyes, in the chair. Seventeen members present.

The President appointed Drs. Pomeroy, Strawbridge and Sexton as the Executive Committee.

Notice was given of a proposed amendment to the By-laws, by striking out the paragraphs referring to the corresponding secretary, thereby doing away with the office; and also, to change the rule for the meeting, so that it should read "meeting annually at such time and place as may be determined upon each year."

The Treasurer's report was read, audited and accepted.

The Executive Committee nominated as members of the Society, Drs. C. J. Kipp of Newark, N. J., William Thomson of Philadelphia, David Webster of New York; all of whom were elected, and Drs. Kipp and Thomson took their seats as members.

The following bulletin of papers was submitted by the Executive Committee, read in order and referred to the Publishing Committee:—

Report on the Progress of Otology,	Dr. BURNETT.
Report of three cases,	Dr. BUCK.
Tenotomy, Musc. Tensor Tympani,	Dr. J. ORNE GREEN.
Therapeutic Value of Tenotomy of the Musc. Tensor Tympani,	Dr. BERTHOLET.
Cases illustrating the effects of Paracentesis of the Membrana Tympani,	Dr. O. D. POMEROY.
Tympanic Trephine,	Dr. BURNETT.
Ulceration of the Dermoid Layer of the Membrana Tympani,	Dr. J. ORNE GREEN.
A case of hardness of hearing for low tones,	Dr. BURNETT.
A peculiar manifestation of the paradoxical formula in the application of the constant electric current to the right ear,	Dr. BURNETT.
Reaction of the auditory nerve under the galvanic current,	Dr. BLAKE.
Diagnostic value of high musical tones,	Dr. BLAKE.
Case of deformity of the auricle, the result of inflammation,	Dr. ROOSA.
Deafness, in consequence of epidemic cerebro-spinal meningitis,	Dr. KNAPP.

The thanks of the Society were voted to Dr. Burnett for his elaborate and faithful Report on Otology.

At 2 1-2 o'clock, after the reading of the fourth paper, the Society adjourned to 4 o'clock.

SECOND SESSION.

The Society was called to order at 4 o'clock by the President, and the minutes of the first session read and approved. The reading of the papers was then continued till 5 1-4 o'clock, when, after hearing the ninth paper, the Society adjourned.

THIRD SESSION.

The third session was opened by the President at 7 3-4 o'clock, and the two amendments to the By-Laws proposed at the first session were adopted.

It was voted that one hundred extra copies of the Report on Otology be furnished by the Society to the author of that paper.

The reading and discussion of the papers was then concluded.

The Executive Committee reported the following list of officers for the ensuing year, all of whom were elected:

President—D. B. St. John Roosa, M.D.

Vice-President—Clarence J. Blake, M.D.

Secretary—J. Orne Green, M.D.

Publishing Committee—J. Orne Green, M.D., Charles E. Hackley, M.D., R. F. Weir, M.D.

Committee on Progress of Otology—Charles H. Burnett, M.D., Clarence J. Blake, M.D.

The same rules in regard to papers, proofs and adjournment as last year, were adopted, Oct. 1st being the last day for the reception of articles for publication.

A communication was received from Drs. Blake, Roosa and Pomeroy in regard to an International Otological Congress, and on motion of Dr. Roosa it was resolved, 'that a committee of three be appointed by the chair, who shall report at the next meeting of this Society, as to the feasibility of holding an International Otological Congress in New York in 1876.'

The President appointed as such committee Drs. Roosa, Blake and Knapp.

The minutes of the second and third sessions were read and approved, and the Society adjourned at 9 3-4 o'clock.

Bibliographical Notices.

Annual Report of the Superintendent and Physician of the New York State Inebriate Asylum, Binghampton, N.Y., for the year 1872.

This report is largely taken up with the consideration of inebriety as it appears in those who have lost all self-control in the use of alcoholic beverages. It is assumed, 1st., that "Intemperance is a disease." 2d, that "Its primary cause is a constitutional susceptibility to the alcoholic impression." 3d, that "This constitutional tendency may be inherited or acquired." 4th, that "It is curable in the same sense that other diseases are." In other words that, as a disease, inebriety has its cause, diagnosis, prognosis and treatment as clearly marked and as well defined as are those pertaining to other diseases.

To support these propositions, the report cites at considerable length the opinions of Drs. Christison, Rush, Woodward, Parker, Flint, Anstie, Druitt and other recognized authorities of this country and Great Britain, and claims that "the fact that the inebriate is suffering from an actual disease which deprives him of the power of self-control should forever do away with the supposed disgrace and mortification attendant upon such a condition; and there should be no more social disgrace in seeking a cure for this malady, than there is in being taken to an hospital for the treatment of a fractured limb."

As to the time required, the report advocates that patients should, as a rule, remain at least six months under treatment.

Several have become inmates of the institution who were addicted to the excessive and habitual use of opium. In the treatment of such cases, the "weaning process" is advocated, "letting the patient down by degrees with comparatively little suffering."

The number of patients admitted during the year was 249; discharged 253; remaining at the close of the year 81.

Annual Report of the Surgeon-General of the State of Massachusetts. 8vo. Pp. 18. Boston. 1873.

We learn from this report the nature of the onerous and valuable duties rendered the State during the past year by its able Surgeon-General, Dr. William J. Dale. The most important of these duties relate to the settlement of the claims and pensions of veteran soldiers, or to the families of soldiers, who have suffered by the circumstances of our late civil war. To the majority of this class, direct pecuniary aid is bestowed by the Government; others are assisted in obtaining employment, and thus enabled to earn an independent livelihood; while a third class, whose disabilities prevent them from working, are forwarded to some one of our national homes.

The late attack upon the department of which Dr. Dale is the head, by the Homœopaths, lends additional interest to this report, and the manner in which he acquitted himself under these circumstances, was, indeed, eminently calculated to sustain the dignity of the profession.

The record of General Dale is a long and honorable one, while his services to the State have been, and still are, invaluable. That these services cannot yet be dispensed with, without inflicting more or less suffering upon those who deserve well of the country, will, we think, be the honest conviction of all who will take the trouble to give this report even a hasty perusal.

Pharmaceutical Lexicon: A Dictionary of Pharmaceutical Science, containing a concise Explanation of the various subjects and terms of Pharmacy; with appropriate Selections from the Collateral Sciences, &c. &c. Designed as a Guide for the Pharmaceutist, Druggist, Physician, &c. By H. V. Sweringen, Member of the American Pharmaceutical Association, &c. Philadelphia: Lindsay & Blakiston. 1873.

The author of this work thinks that "perhaps none will dispute that it will prove of great service" to various classes of people, among them physicians, and be "an aid to the study of the U.S. Dispensatory."

A brief comparison, however, with the latter work will show that the dictionary is but little more convenient than the Dispensatory with its Index, and the amount of information is of course vastly less and is often erroneous. The range of the first part or dictionary, properly speaking, is more extensive only in a few and unimportant particulars.

Sintoc, Siritch and Zopissa are in the dictionary and not in the Dispensatory, but the valuable information given in regard to these substances is hardly sufficient to balance the really ingenious deficiencies in more important matters, botanical, chemical, and especially pharmaceutical.

Under cinchona, for instance, a large number of species are mentioned without a hint of their relative value or geographical distribution; and among them are included C. flava, C. rubra, and C. pallida, which are not botanical species at all, but pharmaceutical designations of different varieties of bark. Although apparently endeavoring in a confused way to recognize the fact that many allied species have been separated from the true genus Cinchona, he does not state that they are therapeutically and pharmaceutically as well as botanically distinct, since they contain none of the alkaloids.

"Sus scrofa," which is the scientific designation of the common hog (the "whole hog," in fact,) is by our author restricted to his pancreatic juice made into an emulsion with beef-fat.

Schuylkill water is said to be a "good water," &c., but the name of the city to which it is supplied is not stated. Croton is "a New York water," but for all the dictionary says it might be a medicinal spring in the Adirondacks. Cochituate is not honored with a mention.

The value of the book to physicians may be judged of by the statements that a catheter is "also a bougie made of silver or elastic gum," and that "adiaphorous" means "a medicine that does neither harm nor good. It is a question whether there are such medicines." There are those who consider such medicines among the most useful in the materia medica. A strictly confidential conversation with certain late members of Massachusetts Medical Society might relieve the author's mind of doubt on this point.

The various tables, collections of prescriptions, &c., at the end of the book, are of more or less value according to the sources from which they are bodily taken. The lists from the Pharmacopœia of 1873 are placed there apparently to avoid the trouble of revising the text in accordance therewith. The arrangement of poisons is worthy of note. Hemlock, foxglove and ergot are put under a common head with belladonna, and woorara with strychnia.

Lactucarium is mentioned among narcotic poisons. Stillé states that there is no record of poisoning by this drug or any approach thereto.

With much care devoted to pharmacy, botany and chemistry, and the omission of medical information, which must be very meagre, and probably will be erroneous, another edition of this work may become more nearly like what the author intended the present one to be.

On Strictures of the Urethra. Results of Operation with the dilating Urethrotome, with Cases. By F. N. Otis, M.D. Pp. 20. (Re-printed from the *New York Medical Journal.)*

Dr. Otis's paper strikes us as well worthy of re-publication. Though short, it is very suggestive of the progress which urethral surgery has made in the last ten years. The whole subject of stricture is an obscure one, concerning which there is still something to be learned; but the progress made of late is very cheering. For the account of the cases and the description of Dr. Otis's instrument, we refer the reader to the original paper, and notice only the conclusions which he has drawn. He believes "that a very considerable number of cases of chronic urethral discharges are dependent upon the presence and influence of comparatively slight contractions of the urethral calibre," and shows that these contractions may permit the passage of a full-sized sound, even while causing considerable trouble. The author also believes that cicatricial tissue may be absorbed after being completely divided, which, if it be found to be the ordinary result, is certainly of great importance. The value of the bulb-pointed sound in the diagnosis of stricture is strongly and properly insisted on, as its withdrawal, particularly after a short pause, is often arrested by slight bands which are not recognized as the instrument enters, and which, consequently, an ordinary sound would never show. We are quite of the author's opinion that multiple strictures in the same urethra will be considered less rare when this instrument is more generally used.

BOOKS AND PAMPHLETS RECEIVED.

Critique Addresses by Thomas Henry Huxley, LL.D., F.R.S. New York: D. Appleton & Co. 1873. Pp. 317. (For sale by A. Williams & Co.)

Insanity in its Relations to Crime. A Text and a Commentary. By W. A. Hammond, M.D. D. Appleton & Co. 1873. Pp. 77. (For sale by A. Williams & Co.)

Foods. By Edward Smith, M.D., LL.B., F.R.S. New York: D. Appleton & Co. (For sale by A. Williams & Co.)

Nature. A Weekly Illustrated Journal of Science. Mac Millan & Co.

American Chemist for June. Henry C. Lea. Philadelphia.

Prize Essay of the Alumni Association of the College of Physicians and Surgeons. New York: 1873. The Effects of High Atmospheric Pressure, including the Caisson Disease. By Andrew H. Smith, M.D., Surgeon to the New York Bridge Co. Brooklyn Eagle Press. 1873. Pp. 53.

Experimental Researches on the Causes and Nature of Catarrhus Æstivus (Hay-Fever or Hay-Asthma), by Charles H. Blackley, M.R.C.S. London: Baillière, Tindall and Cox. 1873. Pp. 102.

The Cerebral Convolutions of Man.. By Alexander Ecker. Translated by Robert T. Edes, M.D. New York: D. Appleton & Co. 1873. Pp. 87. (From Estes & Lauriat, Boston.)

The Etiology and Indications for Treatment of Irregular Uterine Action during Labor. By W. T. Lusk, M.D. (Reprinted from the New York Medical Journal.) 1873. Pp. 19.

Thirtieth Annual Report of the Managers of the State Lunatic Asylum, Utica, N. Y., for the year 1872. Albany: Argus Company, Printers. 1873.

PROFESSOR SCHUPPEL, of Tübingen, has been making experiments to ascertain the appearances caused by hanging, followed by burning. The results are different when the cord is left round the neck of the victim from those when it is removed. If, in the latter case, the body be burned till the surface is charred, the marks will have disappeared, but if the cord be left tightly drawn the depression will be perfectly clear. This is of great importance, as arson is often committed to hide murder.

Boston Medical and Surgical Journal.

BOSTON: THURSDAY, AUGUST 7, 1873.

THE Wagner trial has, according to the detailed report in the *Maine Democrat,* furnished additional evidence of the need of a thorough reform in the methods of obtaining expert testimony in our criminal trials. Here, as in the Alley trial, self-qualified experts were summoned by the opposing counsel and made to contradict each other on the witness stand; and the daily papers have, as usual, indulged in sage remarks on the uncertainty of scientific testimony. The facts in the case were briefly these:—Certain stains had been found on the clothing of the accused, which the government undertook to show were blood-stains, and, moreover, not produced by fish-blood. For this purpose, an expert witness was introduced who entered into a lengthy description of the histology and chemistry of the blood, in the course of which he denied to the white blood globules all importance in the animal economy, except in so far as they might be changed into red globules, and described the red globules as closed sacs containing fluid. In justice to this gentleman, however, it must be said that, in those parts of his testimony which had a direct bearing on the case at issue, his statements seem to have been clear, straightforward, and (making due allowance for errors of reporters), in the main, correct. His testimony was to the effect that, after the blood-stains had been soaked in a fluid of a suitable specific gravity, circular globules made their appearance, which, by micrometrical measurement and by direct comparison, were found to closely resemble the human blood-disc.

The defence, having failed, in the cross-examination, to weaken the force of this testimony, introduced a chemist, who gave it as his opinion that the government witness had "testified to an impossibility," though the imperfection of the report leaves it a little doubtful to what this phrase refers. He then went on to deny the possibility of distinguishing human blood-stains from those produced by the blood of other mammalia, and asserted that even the oval and nucleated blood-globule of fishes might be mistaken for the human blood-disc, acknowledging, however, that "in fish blood there would always be many corpuscles which could not be mistaken." These statements seem to have been made, not as the result of careful observations and measurements by the witness himself, which alone could have given value to his testimony, but from the examination of photographs of blood-corpuscles and the writings of various authors, whose names, though excluded by the court, are, nevertheless, given in the newspaper report of the trial, and who are by no means so unanimous in their opinion on this subject as the witness would have us believe.

Thus, we have another instance of the impossibility of getting at the truth by our present methods of obtaining expert testimony in judicial investigations. The case occurred, it is true, in another Commonwealth, but the same system prevails in Massachusetts, and has led, and will continue to lead, to similar disgraceful results.

That the responsibility for this shameful condition of things does not rest with medical or scientific men, but with the government and the courts, has been already pointed out in the pages of this Journal. The unsuccessful efforts of the medical profession to procure a reform have also been there recorded. Not discouraged by previous failures, a joint committee of two medical societies and of the American Academy of Arts and Sciences, has, within a few months, made another effort to procure legislation, providing better methods of obtaining expert testimony. A bill, drawn for this purpose by the Hon. Emory Washburn, was presented to the judiciary committee, which had been specially ordered by the House of Representatives to consider the expediency of such legislation. The result was simply a report of "inexpedient."

A reform in this matter can only be brought about by the united efforts of the medical and legal professions; and, until lawyers feel, as keenly as medical men feel, all the disgrace which is brought upon the Commonwealth by such scenes as occurred in the Alley and Wagner trials, the efforts of physicians to effect a change in the law which regulates such matters can scarcely be crowned with success.

It certainly seems inexcusable that such a nuisance as that at Miller's River should not only continue during a greater part of the summer, but should ever have been allowed to exist at all. It appeared early in the season, in spite of the report of the joint committee of the Harbor Commissioners and State Board of Health, made to the cities of Cambridge and Somerville last December, containing a complete investigation of the nuisance, what caused it and how it could be cured; and it has continued, increasing rather than decreasing, in spite of the strongest remonstrances of the press and public generally. In the mean time, the cholera continues on its course, and is slowly and steadily making its way towards this part of the country. It is very much to be regretted that the excellent work of our city Board of Health should be well nigh set at nought by such a pestilence breeder as this. If the local authorities are either unable or unwilling to carry out suggestions coming from such unquestionably high authority, why does not the State government interfere and put the work at once into proper hands?

Apropos of the cholera, we cannot too strongly condemn the practice of sending sensational reports to the papers, as has been done both in this city and in New York during the past week. There was but one of these cases about which there could be any question whatever, the others being evidently not Asiatic cholera. Apart from the false light in which a physician places himself by such an error as this, we hardly need mention the unnecessary fear caused among a people already afflicted with two epidemics during the past year.

The Relation of the Pulse to the Condition of the Stomach.—(*Medical Times and Gazette,* May 10, 1873.) Important observations have recently been made by Mayer and Pribram on the reflex relations of the stomach to the centres of innervation for the circulation. The previous experiments of Goltz showed, what has ever since been accepted, that irritation of the wall of the stomach reduces the frequency of the pulse. The present experiments have determined that this slowing is accompanied by a rise in the arterial blood-pressure; and that the same result is obtained whether the irritation applied to the gastric wall is electrical or mechanical—for example, pinching the stomach with a forceps; the rise in the blood-pressure is plainly reflex in its causation, from contraction of the smaller or peripheral arteries. Similar results were obtained by inserting a bladder in the stomach and inflating it. On the other hand, the application of cold to the stomach, either by means of iced water or ice itself, yielded no positive result, provided mechanical irritation was carefully avoided. Further experiments seemed to refer the effect on the circulation to irritation of the serous and muscular coats of the stomach, while irritation of the mucous membrane only did not evidently affect the pulse. These results may help to explain the sudden death which is frequently seen in severe injuries to the stomach. The experimenters point out that the opinion of Guy is also in agreement with the results at which they have arrived—that the frequency of the pulse falls under vegetable diet.

Correspondence.

New Orleans, La., July 17th, 1873.

Messrs. Editors,—In accordance with my promise, I proceed to give you such facts as I have been able to gather with reference to the recent epidemic of cholera in Tennessee. The most important facts have been received from Nashville, and I am especially indebted to Col. W. D. Gale, for files of the daily papers.

We gather from the *Republican Banner*, of July 10th, that at a meeting of the Nashville Medical Society, held on the night of the 8th inst., the late epidemic was freely discussed. "It was the unanimous opinion of all present, that the disease was nothing more nor less than Asiatic cholera. It was most emphatically denied that it arose here from local causes. Its course had been clearly defined. It had passed from Rio Janeiro to New Orleans, from New Orleans to Memphis, and from Memphis to Nashville. It had been brought here from the two last named places. It was greatly aggravated by the use of stale, decaying and rotten vegetables, sent here from the south. All were of opinion that it had about spent its force in Tennessee."

According to the *Nashville Union and American*, there were a few cases of cholera in Nashville during the last week in May and the first week in June, of which there is no record.

The record of deaths, given by the *Union and American*, begins with the 7th of June, and shows the daily mortality from the pestilence to be as follows:—

	White.	*Colored.*	*Total.*
June 7,	11	10	21
" 8,	8	10	18
" 9,	7	11	18
" 10,	5	6	11
" 11,	6	9	15
" 12,	7	4	11
" 13,	5	10	15
" 14,	2	10	12
" 15,	10	15	25
" 16,	4	10	14
" 17,	20	24	44
" 18,	11	21	32
" 19,	8	22	30
" 20,	23	49	72
June 21,	20	39	59
" 22,	22	31	53
" 23,	11	26	37
" 24,	10	19	29
" 25,	12	13	25
" 26,	7	17	24
" 27,	10	10	20
" 28,	5	7	12
" 29,	8	16	24
" 30,	4	6	10
July 1,	8	8	18
Total,	244	403	647

In addition to these, a considerable number of negroes died in the suburbs, and were buried in vacant lots near the city, by parties of their own color, without applying to the regular undertakers. Fifty-three are said to have been thus buried in one place, not more than a fourth of whom procured coffins from the undertakers. The cases thus occurring of which no account is had, added to those who died previous to the 7th of June, it is thought, will bring the number fully up to 750, thus showing that the mortality of this year has been fully equal in number to that of 1866, while the death-rate according to population has been considerably larger. Thus we find that from the 7th to the 30th of September, in that year, both days inclusive, the number who died from cholera was 659. It is also probable that a greater number were attacked this year who recovered, than in 1866. The disease has followed the old cholera track in its former visits to this city, and its greatest mortality has been in the belt in which the largest mortality resulted from previous visits, showing conclusively that there must be something local which invites this pestilence to revel in the lower portions of the city, where the water is unquestionably bad, and the sewerage of such inferior character as scarcely to deserve the name.

The following article appeared in the *Nashville Union and American* of June 29th:—

SOME FACTS ABOUT CHOLERA IN NASHVILLE.

"In August, 1867, Dr. Joseph Jones, then at the head of the Board of Health, submitted to that body an elaborate report on the health and sanitary condition of Nashville, from which we learn many interesting facts which will be of peculiar interest just now. Of the summer succeeding the terrible cholera visitation of 1866, Dr. Jones says:

"'The kindling of the embers of the cholera in several of the cities and towns of the Mississippi valley, has kept the minds of many in an excited and anxious state. During the quarter ending July 31st, no increase in the death rate from local affections has been noted, but there has been on the contrary, a most encouraging exemption from this class of diseases.'

"Dr. Jones prepared after great trouble and research a table, which shows the total number of deaths in each year, from 1822 to 1866, and the table shows the number of deaths in each month of the year, from 1828. There are also tables showing the death rates, and the per cent. of deaths to the inhabitants of the city.

"It would appear from these statistics that the death-rate of Nashville has increased with the growth of the city. This increase in the death-rate of the city appears to be due to several causes, but chiefly to the progressive crowding of the houses along the narrow streets; the filling up of the lowlands along Lick Branch and Wilson's Spring Branch, with offal and filth of every kind; the extension of the city along and over the low grounds; the absence of all parks for exercise and pleasure, and the absence of any regular system of sewerage and drainage. The causes of disease have increased with the crowding of houses within limited areas, and the concurrent multiplication of filth, and improperly drained and policed alleys. * * *

"The death-rate of Nashville, in comparison with that of many other cities, has been without doubt both relatively and actually increased by the ravages of imported and exotic pestilence. Cholera caused nearly one tenth of all the deaths recorded in the city of Nashville, from 1821 to 1867, or more accurately during this period 20,248 deaths and burials were recorded, and of this number Asiatic cholera directly caused 1,813; and if we add to this the deaths really caused by this pestilence, but recorded as cholera infantum and diarrhœa, the number would exceed 2,000 and perhaps reach near 3,000. Up to the last epidemic of Asiatic cholera the heaviest mortality has fallen in the months of May, June and July. In former epidemics the rise and progress of the disease appeared to be connected, in a measure, with the increased, maximum and decline of solar heat, during the hottest months of the year; and from such facts it would have been unreasonable to draw the conclusion, that the probabilities of a cholera epidemic were diminished daily; but the epidemic of 1866 reversed the former order of things. The cholera appeared the last day of August, reached its maximum in September (670 deaths occurring in this single month), and rapidly declined and disappeared entirely in October. A careful consideration of these facts leads to the belief that while the spread of the disease may be greatly promoted by the external temperature, at the same time, the appearance and spread of the disease is intimately associated with, if not absolutely dependent upon the time of its importation, and the hygienic condition of the city at the time of its introduction.

"The recent civil war has left the city of Nashville a most dangerous inheritance, in the numerous small wooden houses and shanties huddled together in the environs of the city, without system, without regular streets, and without any facilities for the enforcement of hygienic regulations. There gangrenous belts which encircle the business portion of the city with their crowded and oftentimes destitute inhabitants, form a most favorable field for the lodgment and spread of such diseases as smallpox and cholera. It is difficult if not impossible to devise any efficient measures for the arrest of contagious diseases amongst the inhabitants of these small wooden huts, which in almost every case are wholly deficient in ventilation, and crowded with old bedding, clothes and rags. * * * As the case now stands, cholera might appear and prevail amongst the poor and destitute and distressed inhabitants of Nashville, for days before its presence might even be suspected.

"The chief source of danger in the future, as was clearly demonstrated by the experience of the past epidemic, will be from the over-crowded and filthy portion of the city."

From a letter of an old citizen of Nashville, bearing date of June 30th, and headed "Cholera in the Olden Time," we extract the following interesting facts:—

"I believe the first, and perhaps most fatal malady we have ever had, occurred early in the year 1816. Nashville at that time was a mere village. It was called the 'epidemic' or 'cold plague.' Great numbers died. Whole families were swept off by the disease. * * *

"The next epidemic was cholera, which made its first appearance here in the fall of 1832. An old gentleman died in August or September, and his death was attributed at that time by the physicians to cholera; but no other case occurring for some time afterwards, they doubted the correctness of their opinion on the subject. The first unmistakable case occurred in

November—that of Mr. Hazel, a cabinet maker, and a much respected man. After his death, there were cases occurring more or less frequently throughout the following winter and spring. Dr. James Roane died in February, 1833. * * * Towards the close of May, and thence to the middle or latter part of June, it raged with great violence. The penitentiary had at that time but few convicts; yet the deaths there from cholera numbered about seventy. The most unaccountable freak of cholera during its visitation that year, occurred at Shelbyville, Tenn. Towards the latter part of June, or early in July, after its subsidence in Nashville, it rushed on that place in the night, with the rapidity and violence of a tornado. There had been no appearance of disease of any kind whatever, and the inhabitants of Shelbyville, on Friday night, retired to rest in apparent good health, but before daylight that morning, many were dead and dying! A panic and stampede was the result, and many died in the country, and some on the road-side, soon after fleeing from town. Out of a population of 600 or 700, about 115 died. The cause that produced this sudden and dreadful scourge in the town, has never been, and probably never will be satisfactorily explained. 'It is past finding out.'

"If I remember aright the town of Hannibal in the upper Mississippi had a similar visitation from cholera in 1832 or 1833. There, too, it came on like a clap of thunder out of a cloudless sky, without premonitory symptoms or warning of any kind; and I think attended with much greater fatality than in Shelbyville."

During the present epidemic, June and July, 1873, cholera has made its appearance and prevailed with various degrees of severity in Greenville, Chattanooga, Shelbyville, White Bluff, Waverley, Knoxville, Murfreesboro', Lebanon, Springfield, and other small towns and villages in Tennessee. The disease continues to prevail also in several of the parishes of Louisiana, bordering on the Mississippi.

There can therefore be no longer any doubt as to the nature of the so-called "CHOLERA SPORADICA" of New Orleans in 1873.

Respectfully,
JOSEPH JONES, M.D.

MESSRS. EDITORS,—Your words in the last JOURNAL are so timely, that they must not be passed over without remark. "A large appropriation" could not be better expended than in *watering the streets*. In fact it would be an economical outlay in many respects—in one especially which ought to carry weight with officials—the cost of repairs of watered streets would be materially reduced. On this subject, however, the suggestions of this JOURNAL, last summer, are so true and so applicable, that they should be repeatedly placed before those in authority, and the community also, who would be greatly benefited by their adoption:—

"Every man, woman and child, that walks or drives through a dusty street, or whose dwelling borders upon one, is constantly *inhaling a pulverized compound of granite and dung*, disgusting in itself, and in its consequences fearful to contemplate. Furthermore, any one whe will give attention to the subject, will soon perceive that in the wear of the streets themselves, of the vehicles drawn over them, and of the clothing of those who walk through them, there are tangible consequential damages of greater cost to the community than the amount of taxes required for thorough watering, which would save all this expensive wear and tear, in addition to the healthiness promoted by it."

Add, also, the great damage done to the eyes, from the glare of the hot streets—the headaches thus caused—the diseases engendered thereby—the moral effects of the *unnecessary* language uttered by passers as they receive gusts of filth, and you have, Messrs. Editors, a strong case for the Health Commissioners, to say nothing of the necessity for the "benefit of clergy." Pray induce those having the power to mitigate the sufferings of the people, the whole people, by a daily sprinkling of the STREETS.

Medical Miscellany.

Dr. Bazin, the well known professor of Dermatology at the Hospital of St. Louis, was recently made an Officer of the Legion of Honor on retiring from his hospital office.

Illness of Nelaton.—We regret to hear from our correspondent in Paris, that Dr. Nelaton, the celebrated surgeon, is lying so dangerously ill that little or no hope can be entertained of his recovery. He has been for some time suffering from cardiac affection.—*Medical Times and Gazette.*

The Medical Evidence in the Tichborne Trial, shows the treatment of twenty years ago to be decidedly heroic in its character. Bleeding from the arm, the ankle and the temporal artery, were evidently freely resorted to, and the issue was the most common form of counter-irritation.

We are glad to note that the genial Dr. Druitt has been made the recipient of a very handsome testimonial in the shape of a silver cup and a balance of £1,284. Dr. Druitt, so well known in Canada by his popular text-book on Surgery, is travelling in India for the benefit of his health.—*Canadian Med. Times.*

Dr. Edward Warren, late professor of Surgery in the College of Physicians and Surgeons, Baltimore, Md., and most favorably known to the profession by reason of his testimony in the celebrated Wharton-Ketchum trial, has accepted the position of "Surgeon to the Staff of the Khedive of Egypt," with the rank of colonel, and the privilege of engaging in private practice in that country.—*Canadian Medical Times.*

The Imparziale, of Florence, mentions that the embalming of the illustrious poet Manzoni was performed by the municipal doctors, by means of injections and washes with a hydro-alcoholic solution of chloride of zinc, and was eminently successful, thus affording the seventy thousand people who visited the remains of the poet the satisfaction of witnessing again his sympathetic countenance.

Professor Erichsen.—It is a matter of general regret, that Mr. Erichsen's state of health has been for some time such as to cause anxiety to his numerous professional friends. Mr. Erichsen was, we understand, somewhat out of health during the winter, and early in the spring he unfortunately wounded his finger, and had lymphatic inflammation with probably some degree of blood-poisoning. This completely prostrated him for the time, but he is now, we are glad to hear, considerably improved, though in the opinion of his colleagues, Sir William Jenner and Sir H. Thompson, it will be some time before he can resume his professional labors.

How to Use Up Useless Dogs and Cats.—Only fancy, dear Mr. Scotsman, our feelings this morning, when me and the cat were reading you, and came to this under your title of "Specific Articles Wanted":—

Dogs and Cats (few useless) wanted. Any kind of breed will suit. Apply at the Physiological Laboratory, University, between 10 and 11 A. M.

"What's the meaning of that?" says the cat to me. "The meaning," says I to the cat, "is that some philosophers (for I am a doctor's dog) want to find out all about our reflex actions and our ganglionic systems, to snip out neat little bits from our nerves and brains, and give us nice little shocks from batteries, and nice little doses of the Calabar bean, and nice little antidotes, and put all about how we behave ourselves into a book, and dissect us nicely *afterwards*—isn't this nice, pussy?"

Is it seemly or kind, is it what is due to us, to put in this horribly suggestive advertisement? If we dogs were uppermost, and were young doctors of an inquiring turn, how would you men like to see an advertisement in the

Canine Tooth of the day—"Men and Women and Children (few useless)"—isn't this, by-the-by, bad grammar or nonsense?—"any kind of breed, &c." Would you not feel insulted? And how would you like, even under chloroform, to have your reflex actions inquired into, and your *hippocampi minores* tickled with a knife, and your spinal marrow tampered with? Dogs and cats have "feelin's" as well as you. Yours truly and growlingly. BOB.

P. S.—My master has just come down to breakfast, and is reading *it*. He says, "Bob, if it's a joke, it's a very poor one; if not, it's worse. I'll let them know at the Physiological Laboratory, that the eye of the Society for the Prevention of Cruelty to Animals, and the eye, too, of Capt. John Cumming, 17 Drummond Street, is upon them."

I and my master, and Sir Charles Bell, and the late Professor Syme, have our own views as to the question of vivisection; but I only speak now of an outrage and insult to me and the cat.—*Edinburgh Scotsman.*

NOTES AND QUERIES.

THE REV. LAURENCE STERNE, the genial author of *Tristram Shandy*, did not much like the therapeutics of his day, and would have rejoiced at the motto—*natura duce*—of the Massachusetts Medical Society. He thus speaks of his treatment at the hands of the big-wigs of the last century:—"I fell ill of an epidemic vile fever, which killed hundreds about me. The physicians here are the errantest charlatans in Europe, or the most ignorant of all pretending fools. I withdrew what was left of me out of their hands and recommended myself entirely to Dame Nature. She (gentle goddess) has saved me in fifty different pinching bouts, and I begin to have a kind of enthusiasm now in her favor, and in my own, that one or two more escapes will make me believe I shall leave you all at last by translation, and not by fair death."

Judging by the following prescription, he had a fair right to rail:—"My physicians have almost poisoned me with what they call *bouillons refraichissants*. 'Tis a cock flayed alive and boiled with poppy-seeds, then pounded in a mortar and afterwards passed through a sieve. There is to be one craw-fish in it, and I was gravely told it must be a male one; a female would do me more hurt than good."

ERRATA.—Page 75, last line, for "Fleurens" read *Flourens*. Page 77, 15th and 19th lines from top, for "Bean" read *Beau*.

DIED,—At Boston Highlands, 29th ult., John Hart, M.D., 49 years.—2d inst., L. R. Sheldon, M.D., 45 years 5 months.

MORTALITY IN MASSACHUSETTS.—*Deaths in seventeen Cities and Towns for the week ending July* 19, 1873.

Boston, 181—Charlestown, 31—Worcester, 27—Lowell, 39—Milford, 2—Chelsea, 16—Cambridge, 31—Salem, 18—Lawrence, 30—Springfield, 15—Lynn, 15—Fitchburg, 5—Newburyport, 6—Somerville, 8—Fall River, 26—Haverhill, 10—Holyoke, 18. Total, 478.

Prevalent Diseases.—Cholera infantum, 136—consumption, 57—dysentery and diarrhœa, 31—scarlet fever, 18—cholera morbus, 10.

Six deaths from smallpox occurred in Holyoke.

GEORGE DERBY, M.D.,
Secretary of the State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, August 2, 205. Males, 114; females, 91. Accident, 5—apoplexy, 3—inflammation of the bowels, 3—disease of the bladder, 1—bronchitis, 3—inflammation of the brain, 1—disease of the brain, 6—cancer, 3—cholera infantum, 55—cholera morbus, 6—consumption, 14—convulsions, 3—cerebro-spinal meningitis, 3—debility, 3—diarrhœa, 7—dropsy of the brain, 10—drowned, 2—dysentery, 5—scarlet fever, 11—typhoid fever, 8—fistula in ano, 1—gastritis, 1—disease of the hip, 2—disease of the heart, 6—imperforate rectum, 1—disease of the kidneys, 3—disease of the liver, 3—congestion of the lungs, 1—inflammation of the lungs, 5—marasmus, 6—measles, 2—old age, 4—paralysis, 4—premature birth, 1—puerperal disease, 2—rheumatism, 1—sunstroke, 1—suicide, 1—tumor, 1—whooping cough, 2—unknown, 6.

Under 5 years of age, 119—between 5 and 20 years, 16—between 20 and 40 years, 31—between 40 and 60 years, 19—over 60 years, 20. Born in the United States, 153—Ireland, 39—other places, 13.